

County: La Crosse  
ST. JOSEPH'S REHABILITATION CENTER  
2902 EAST AVENUE SOUTH

Facility ID: 8420

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LA CROSSE 54601 Phone:(608) 788-9870  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 74  
Total Licensed Bed Capacity (12/31/02): 80  
Number of Residents on 12/31/02: 70

Ownership: Non-Profit Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 73

| Services Provided to Non-Residents |    | Age, Sex, and Primary Diagnosis of Residents (12/31/02) |       |            |       | Length of Stay (12/31/02)       |  | %     |
|------------------------------------|----|---|-------|------------|-------|---------------------------------|--|-------|
|                                    |    | Primary Diagnosis                                       | %     | Age Groups | %     | Less Than 1 Year                |  |       |
| Home Health Care                   | No |   |       |            |       | 1 - 4 Years                     |  | 37.1  |
| Supp. Home Care-Personal Care      | No |   |       |            |       | More Than 4 Years               |  | 35.7  |
| Supp. Home Care-Household Services | No | Developmental Disabilities                              | 0.0   | Under 65   | 10.0  |                                 |  | 27.1  |
| Day Services                       | No | Mental Illness (Org./Psy)                               | 35.7  | 65 - 74    | 5.7   |                                 |  | ----- |
| Respite Care                       | No | Mental Illness (Other)                                  | 7.1   | 75 - 84    | 24.3  |                                 |  | 100.0 |
| Adult Day Care                     | No | Alcohol & Other Drug Abuse                              | 0.0   | 85 - 94    | 52.9  | *****                           |  |       |
| Adult Day Health Care              | No | Para-, Quadra-, Hemiplegic                              | 0.0   | 95 & Over  | 7.1   | Full-Time Equivalent            |  |       |
| Congregate Meals                   | No | Cancer  | 4.3   |            | ----- | Nursing Staff per 100 Residents |  |       |
| Home Delivered Meals               | No | Fractures   | 7.1   |            | 100.0 | (12/31/02)                      |  |       |
| Other Meals                        | No | Cardiovascular  | 10.0  | 65 & Over  | 90.0  | -----                           |  |       |
| Transportation                     | No | Cerebrovascular   | 14.3  |            | ----- | RNs                             |  | 9.8   |
| Referral Service                   | No | Diabetes  | 2.9   | Sex        | %     | LPNs                            |  | 13.0  |
| Other Services                     | No | Respiratory   | 1.4   | -----      | ----- | Nursing Assistants,             |  |       |
| Provide Day Programming for        |    | Other Medical Conditions                                | 17.1  | Male       | 24.3  | Aides, & Orderlies              |  |       |
| Mentally Ill                       | No |   | ----- | Female     | 75.7  |                                 |  |       |
| Provide Day Programming for        |    |   | 100.0 |            | ----- |                                 |  |       |
| Developmentally Disabled           | No |   |       |            | 100.0 |                                 |  |       |

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#### Method of Reimbursement

|                      |     |       | Medicare<br>(Title 18) |   |                     | Medicaid<br>(Title 19) |       |                     | Other |     |                     | Private<br>Pay |       |                     | Family<br>Care |       |                     | Managed<br>Care |     |                     | Total          | %         |
|----------------------|-----|-------|------------------------|---|---------------------|------------------------|-------|---------------------|-------|-----|---------------------|----------------|-------|---------------------|----------------|-------|---------------------|-----------------|-----|---------------------|----------------|-----------|
|                      |     |       | No.                    | % | Per<br>Diem<br>(\$) | No.                    | %     | Per<br>Diem<br>(\$) | No.   | %   | Per<br>Diem<br>(\$) | No.            | %     | Per<br>Diem<br>(\$) | No.            | %     | Per<br>Diem<br>(\$) | No.             | %   | Per<br>Diem<br>(\$) | Resi-<br>dents | Of<br>All |
| Int. Skilled Care    | 0   | 0.0   | 0                      |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 1              | 16.7  | 135                 | 0               | 0.0 | 0                   | 1              | 1.4       |
| Skilled Care         | 10  | 100.0 | 317                    |   |                     | 22                     | 71.0  | 115                 | 0     | 0.0 | 0                   | 20             | 87.0  | 156                 | 5              | 83.3  | 115                 | 0               | 0.0 | 0                   | 57             | 81.4      |
| Intermediate         | --- | ---   | ---                    |   |                     | 9                      | 29.0  | 95                  | 0     | 0.0 | 0                   | 3              | 13.0  | 149                 | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 12             | 17.1      |
| Limited Care         | --- | ---   | ---                    |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 0              | 0.0       |
| Personal Care        | --- | ---   | ---                    |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 0              | 0.0       |
| Residential Care     | --- | ---   | ---                    |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 0              | 0.0       |
| Dev. Disabled        | --- | ---   | ---                    |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 0              | 0.0       |
| Traumatic Brain Inj  | 0   | 0.0   | 0                      |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 0              | 0.0       |
| Ventilator-Dependent | 0   | 0.0   | 0                      |   |                     | 0                      | 0.0   | 0                   | 0     | 0.0 | 0                   | 0              | 0.0   | 0                   | 0              | 0.0   | 0                   | 0               | 0.0 | 0                   | 0              | 0.0       |
| Total                | 10  | 100.0 |                        |   |                     | 31                     | 100.0 |                     | 0     | 0.0 |                     | 23             | 100.0 |                     | 6              | 100.0 |                     | 0               | 0.0 |                     | 70             | 100.0     |

|  |      |  |             |                  |                                      |           |
|--|------|--|-------------|------------------|--------------------------------------|-----------|
| *****  |      |  |             |                  |                                      |           |
| Admissions, Discharges, and Deaths During Reporting Period |      | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 |             |                  |                                      |           |
|  |      | -----  |             |                  |                                      |           |
| Percent Admissions from:                                   |      | % Needing Assistance of  |             |                  | Total                                |           |
|  |      | Activities of  | %           | One Or Two Staff | % Totally                            | Number of |
| Private Home/No Home Health                                | 2.3  | Daily Living (ADL)   | Independent |                  | Dependent                            | Residents |
| Private Home/With Home Health                              | 0.8  | Bathing  | 14.3        | 72.9             | 12.9                                 | 70        |
| Other Nursing Homes  | 2.3  | Dressing   | 27.1        | 57.1             | 15.7                                 | 70        |
| Acute Care Hospitals                                       | 89.8 | Transferring   | 31.4        | 58.6             | 10.0                                 | 70        |
| Psych. Hosp.-MR/DD Facilities                              | 0.0  | Toilet Use   | 31.4        | 48.6             | 20.0                                 | 70        |
| Rehabilitation Hospitals                                   | 0.0  | Eating   | 72.9        | 18.6             | 8.6                                  | 70        |
| Other Locations  | 4.7  | *****  |             |                  |                                      |           |
| Total Number of Admissions                                 | 128  | Continence   |             | %                | Special Treatments                   | %         |
| Percent Discharges To:                                     |      | Indwelling Or External Catheter  | 2.9         |                  | Receiving Respiratory Care           | 18.6      |
| Private Home/No Home Health                                | 27.4 | Occ/Freq. Incontinent of Bladder   | 60.0        |                  | Receiving Tracheostomy Care          | 0.0       |
| Private Home/With Home Health                              | 6.7  | Occ/Freq. Incontinent of Bowel   | 47.1        |                  | Receiving Suctioning                 | 0.0       |
| Other Nursing Homes  | 8.1  |  |             |                  | Receiving Ostomy Care                | 1.4       |
| Acute Care Hospitals                                       | 11.9 | Mobility   |             |                  | Receiving Tube Feeding               | 2.9       |
| Psych. Hosp.-MR/DD Facilities                              | 0.0  | Physically Restrained  | 2.9         |                  | Receiving Mechanically Altered Diets | 40.0      |
| Rehabilitation Hospitals                                   | 0.0  |  |             |                  |                                      |           |
| Other Locations  | 18.5 | Skin Care  |             |                  | Other Resident Characteristics       |           |
| Deaths   | 27.4 | With Pressure Sores  | 7.1         |                  | Have Advance Directives              | 78.6      |
| Total Number of Discharges                                 |      | With Rashes  | 10.0        |                  | Medications                          |           |
| (Including Deaths)   | 135  |  |             |                  | Receiving Psychoactive Drugs         | 21.4      |

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| *****  |                 |                                   |       |                              |       |                                 |       |                  |       |
|--|-----------------|-----------------------------------|-------|------------------------------|-------|---------------------------------|-------|------------------|-------|
|  | This Facility % | Ownership: Nonprofit Peer Group % | Ratio | Bed Size: 50-99 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 91.3            | 87.5                              | 1.04  | 87.1                         | 1.05  | 85.3                            | 1.07  | 85.1             | 1.07  |
| Current Residents from In-County                     | 91.4            | 79.3                              | 1.15  | 81.5                         | 1.12  | 81.5                            | 1.12  | 76.6             | 1.19  |
| Admissions from In-County, Still Residing            | 18.0            | 21.8                              | 0.83  | 20.0                         | 0.90  | 20.4                            | 0.88  | 20.3             | 0.88  |
| Admissions/Average Daily Census                      | 175.3           | 124.6                             | 1.41  | 152.3                        | 1.15  | 146.1                           | 1.20  | 133.4            | 1.31  |
| Discharges/Average Daily Census                      | 184.9           | 129.0                             | 1.43  | 153.5                        | 1.20  | 147.5                           | 1.25  | 135.3            | 1.37  |
| Discharges To Private Residence/Average Daily Census | 63.0            | 50.5                              | 1.25  | 67.5                         | 0.93  | 63.3                            | 1.00  | 56.6             | 1.11  |
| Residents Receiving Skilled Care                     | 82.9            | 94.7                              | 0.87  | 93.1                         | 0.89  | 92.4                            | 0.90  | 86.3             | 0.96  |
| Residents Aged 65 and Older                          | 90.0            | 96.2                              | 0.94  | 95.1                         | 0.95  | 92.0                            | 0.98  | 87.7             | 1.03  |
| Title 19 (Medicaid) Funded Residents                 | 44.3            | 56.7                              | 0.78  | 58.7                         | 0.75  | 63.6                            | 0.70  | 67.5             | 0.66  |
| Private Pay Funded Residents                         | 32.9            | 32.8                              | 1.00  | 30.0                         | 1.10  | 24.0                            | 1.37  | 21.0             | 1.56  |
| Developmentally Disabled Residents                   | 0.0             | 0.5                               | 0.00  | 0.9                          | 0.00  | 1.2                             | 0.00  | 7.1              | 0.00  |
| Mentally Ill Residents                               | 42.9            | 35.5                              | 1.21  | 33.0                         | 1.30  | 36.2                            | 1.18  | 33.3             | 1.29  |
| General Medical Service Residents                    | 17.1            | 23.8                              | 0.72  | 23.2                         | 0.74  | 22.5                            | 0.76  | 20.5             | 0.84  |
| Impaired ADL (Mean)                                  | 39.4            | 50.4                              | 0.78  | 47.7                         | 0.83  | 49.3                            | 0.80  | 49.3             | 0.80  |
| Psychological Problems                               | 21.4            | 54.7                              | 0.39  | 54.9                         | 0.39  | 54.7                            | 0.39  | 54.0             | 0.40  |
| Nursing Care Required (Mean)                         | 10.0            | 6.9                               | 1.45  | 6.2                          | 1.61  | 6.7                             | 1.48  | 7.2              | 1.39  |